

**RECEIVED**

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

NOV 01 2007 *aw*  
NOV. 1, 2007  
MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT

MARSHALL WILLIAM STEWART

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

vs.

CERMAK HEALTH SERVICES AT

COOK COUNTY DEPARTMENT OF  
CORRECTIONS, SHERIFF (TOM DART)

DIRECTOR - SALVADOR GODINEZ,

Supt. Plavico, } ANDREWS,

DR. CARLOS ACTEZ )

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

**CHECK ONE ONLY:**

X

COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

07CV6172  
JUDGE ZAGEL  
MAG. JUDGE DENLOW

Ce

(To be supplied by the Clerk of this Court)

JH

**I. Plaintiff(s):**

A. Name: MARSHALL STEWART

B. Date of Birth: 01-07-1972

C. List all aliases: STEWART MARSHALL

D. Prisoner identification number: 2005-003-7704

E. Place of present confinement: COOK COUNTY JAIL , DIVISION 10-2B

F. Address: P. O. BOX 089002

(If there is more than one plaintiff, then each plaintiff must list his or her name, date of birth, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

**II. Defendant(s):**

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

A. Defendant: CERMAK HEALTH SERVICES  
 Title: COOK COUNTY  
 Place of Employment: COOK COUNTY JAIL

B. Defendant: Sheriff Tom Dart  
 Title: SHERIFF OF COOK COUNTY DEPARTMENT OF CORRECTIONS  
 Place of Employment: COOK COUNTY JAIL

C. Defendant: SALVADOR CODENEZ  
 Title: DIRECTOR  
 Place of Employment: COOK COUNTY JAIL

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

D. DEFENDANT: DR. CARLOS ALTEZ

TITLE: PHYSICIAN

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

E. DEFENDANT: SUPT. PLAXICO

TITLE: SUPERINTENDENT

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

F. DEFENDANT: SUPT. ANDREWS

TITLE: SUPERINTENDENT

PLACE OF EMPLOYMENT: COOK COUNTY JAIL

(26)

**III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:**

- A. Name of case and docket number: \_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- D. List all defendants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_  
 \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_  
 \_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

#### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was injured in June of 2005 while in the custody of Cook County Department of Corrections with a basketball injury: Achilles Rupture. I was seen immediately at Cermak Health Services and transported to Stroger Hospital E.R. At Stroger Hospital E.R. I was treated with a temporary splint-cast on my left leg and was ordered to return in one week for a permanent cast or surgery pending results of an MRI. The main reason I was not treated was due to the amount of swelling around my injury. I returned to Cook County Jail and was moved to a medical wing at that time, (location deck AD), due to my partial cast from the knee down and my need for crutches. Upon my cell location change I was shocked to find that the DOC, (Dept. Of Corrections), had placed me on in upper cell which required me to walk up 20+ stairs with crutches and a cast from the knee down. I was further dismayed at my bedding accommodations, due to the fact that the officers expected me to jump from a top bunk bed with a cast on. After 2 weeks the partial splint-cast deteriorated. I was mobile for some time on crutches with a severe limp. When I realized that I was not going to be treated any further for my unrepaired achilles rupture I began the grievance procedure at the DOC.

I am alleging that CCDOC, (Cook County Department of Corrections), Administrative  
 delayed my access to the medical care and treatment prescribed by .E.R.  
 physicians, CCDOC physicians and CCDOC Orthopedic physicians. All  
 physicians diagnosed injury as an Achilles Rupture/Tear and treatment  
 would require MRI scan prior to surgical intervention. I filed an initial  
 grievance in 2005 for medication that was prescribed and not being administ-  
 rated and for treatment of my injury as my injury was continuing to  
 worsen, (my walk had a noticeable limp and my pain increased). The result  
 of this administrative action led to physical therapy, "which was for  
 only strengthening the muscles around the injury because there is no  
 therapy for a broken tendon, bone, or ligament" as I was told by the  
 physical therapist in 2006. I was also told by CCDOC physicians also  
 informed me in 2006 that an MRI is too costly for CCDOC and if they could  
 get it approved that it could take up to 6months. In 2006 I was given  
 an AFO drop foot brace for my left Achilles to assist me with walking and  
 to prevent my injury from getting worse. I was given larger doses of  
 anti-inflammatory and pain medications, however, at irregular intervals and  
 not daily as prescribed. I did return to the County Hospital to be evaluated  
 by Orthopedic Surgeons who again diagnosed my injury as an Achilles Rupture  
 requiring an MRI by CCDOC and treatment at an Achilles Cadaver Transplant.  
 In 2007, I continued the grievance process which resulted in more  
 physical therapy and hospital visits without any treatment. However,  
 at physical therapy I was now given a Cane to assist me with ambulatory

walking. I was also instructed by physical therapy on how to walk to prevent any further damage to my injury or surrounding areas. I was told after 3 visits to P.T. that there was nothing more they could do for my injury.

In 2007 CCDOC physicians allowed me to have an in house CT scan in hopes that Stroger Hospital Orthopedic Surgeons would accept it instead of an MRI, which they did. In September 10, 2007 I was told by the outside hospital surgeon at Strogers that "it is unlikely that my surgery would ever happen because CCDOC detainees are not priority at this time. I am not requesting the treatment of my choice but that of all the number of physicians have requested which is documented in my CCDOC cermak charts and Strogers Hospital charts. I cannot wait till more harm occurs and the pain increases. I have some serious medical needs that continue to be diagnosed by physicians as mandating treatment. The injury is so serious that any lay person can easily observe the need to be treated by a physician. The injury causes daily pain and affects daily acts of standing and walking. The Achilles Total Rupture requires a cadaver transplant and could offer the possibility of a life long disability handicap and the use of a cane permanently. These allegations are all supported by factual recitations as listed in Hospital records, physical therapy records, CCDOC Cermak Hospital Records, and CCDOC greivance records.

**V. Relief:**

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

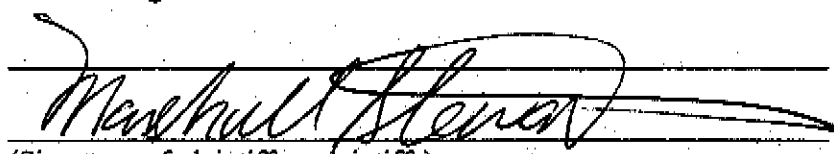
I am seeking monetary relief for the physical and emotional damage that resulted in the facilities lack of medical treatment. I am asking for the amount that does not exceed statutory limits set forth for a case like mine. Also, for whatever actions deemed by the court to put in place so that another injuries treatment may not be neglected. I am also asking that treatment be approved and no longer delayed.

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

**CERTIFICATION**

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 25TH day of OCTOBER, 2007

  
(Signature of plaintiff or plaintiffs)

Marshall William Stewart  
(Print name)

20050037704  
(I.D. Number)

Division 10 , 2b

P.O. Box 089002

Chicago, IL 60608  
(Address)